



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NORTHSIDE PAIN RELIEF CENTER
3033 FANNIN STREET
HOUSTON TX 77004

Respondent Name

DALLAS NATIONAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 20

MFDR Tracking Number

M4-09-6056-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "FEE GUIDELINES"

Amount in Dispute: \$203.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Dallas National is in receipt of the above mentioned MDR. Please be advised that the carrier has never received the above claim for date of service 2-14-08. Carrier has contacted the provider and it appears that the fax number information that they have for the carrier is incorrect. The carrier has however decided to pay for the date of service. Please be advised that we will forward this to bill review and have the bill repriced and paid."

Response Submitted by: Dallas National Insurance Company, 14160 Dallas Parkway, Suite 500, Dallas, Texas 75254

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 14, 2008	CPT code 97035 x 1 Unit	\$15.65	\$15.65
	CPT code 97140, x 1 Unit	\$35.37	\$35.37
	CPT code 97110, x 4 Units	\$152.76	\$152.75

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the rules for medical bill submission by the health care provider.
3. 28 Texas Administrative Code §134.600 sets out the rules for preauthorization.
4. Explanation of Benefits (EOB's) were not submitted for review in this dispute.

Issues

1. Did the requestor submit the disputed bills to the respondent in accordance with 28 Texas Administrative Code §133.20?
2. Is the requestor entitled to reimbursement?

Findings

1. Review of the submitted documentation finds that neither the requestor nor the respondent submitted initial or reconsideration explanation of benefits for the disputed date of service. The requestor's documentation supports the bill was submitted to the respondent in accordance with 28 Texas Administrative Code §133.20. However, the respondent's response to this dispute states, "the carrier has however decided to pay for the date of service." The Division contacted the requestor on September 6, 2011 to ascertain if the respondent paid this dispute as indicated in their response. The Division spoke to the requestor's representative, Juanita, who stated that the dispute has not been paid. Per 28 Texas Administrative Code §133.307(e)(2)(B), the submitted documentation supports respondent's receipt of bills.
2. 28 Texas Administrative Code, Section §134.600(h) requires preauthorization of physical therapy. Review of the submitted preauthorization letter dated February 8, 2008 supports the provider obtained preauthorization for the disputed services prior to providing the health care. Per 28 Texas Administrative Code, Section §134.202(b) and (c), for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers... To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications; for service categories of Evaluation Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. The MAR for CPT code 97035 in Harris County is as follows: DWC conversion factor of \$52.83 divided by Medicare conversion factor of 38.087 = \$1.387 X Participating amount of \$11.28 = \$15.66. The requestor's *Table of Disputed Services* lists the amount in dispute as \$15.65. This amount is recommended for reimbursement. The MAR for CPT code 97140 in Harris County is as follows: DWC conversion factor of \$52.83 divided by Medicare conversion factor of 38.087 = \$1.387 X Participating Amount of \$25.50 = \$35.37. This amount is recommended for reimbursement. The MAR for CPT code 97110 in Harris County is as follows: DWC conversion factor of \$52.83 divided by Medicare conversion factor of 38.087 = \$1.387 X Participating Amount of \$27.53 X 4 Units = \$152.75. This amount is recommended for reimbursement.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$203.77.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031, the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$203.77 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 15, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.